

LME/MCO:	Record #:	Child/Adult:	Date:
Control #:	Contract Provider:		Admission Date:
Rating Codes:	0 = No	1 = Yes	9 = N/A
			Rating:
1. There is evidence that this individual has a principle or primary diagnosis of Serious Mental Illness (SMI) (adults) or Severe Emotional Disturbance (SED) (children).			
2. There is evidence of consumer and/or family involvement in treatment planning.			
3. There is evidence that an NC TOPPS was completed within the required timeframes: a. Initial Assessment b. 3 month update c. 6 month update d. 12 month update e. Every 6 months thereafter			a.
			b.
			c.
			d.
			e.
4. The record contains a signed release of information that is time limited (no more than 12 months) with reference to the specific information to be released.			
5. There is specific language in the released documentation that prohibits re-disclosure.			
6. There is evidence that the services provided are comprehensive and integrated for individuals with SED or SMI who have multiple and complex needs.			
COMMENTS:			
REVIEWER:			

MONITORING GUIDELINES

NC DIVISION OF MH/DD/SAS
COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT (CMHSBG)
INDIVIDUAL MONITORING
2013/2014

1. The NC General Statutes define SMI among adults as persistent mental disability that results in “long-term limitation of functional capacities for the primary activities of daily living, such as interpersonal relations, homemaking-self-care, employment, and recreation.” North Carolina uses the federal definition of children with SED which is “. . . persons from birth up to age 18, who are currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-IV, that resulted in functional impairment which subsequently interferes with or limits the child’s role or functioning in family, school, or community activities” (Federal Register, June 1998). The reviewer will be looking for an Axis I diagnosis from the DSM-IV TR (and its successors).
2. The reviewer will review evidence of involvement in treatment planning in treatment plans, case management notes, assessments, etc.
3. The reviewer will review each service record to determine if an NC TOPPS Initial Assessment was completed. The Initial Interview should be completed during the first or second treatment visit as part of the development of the consumer’s treatment plan. Subsequent updates must be completed within 15 days before or after the due date.
 - Subsequent updates must be completed within 15 days before or after the due date. The due dates are based upon the day the initial interview was started on the web-based system.
 - A copy of the NC TOPPS Initial Assessment form should be found in the service record.
 - The reviewer should determine when the initial assessment was started and calculate when the 3, 6, and 12 month updates were due (updates after 12 months are every 6 months).
 - 3 month update: 90 days following initial interview, plus or minus 2 weeks (76-104 days).
 - 6 month update: 180 days following initial interview, plus or minus 2 weeks (166-194 days).
 - 12 month update: 360 days following initial interview, plus or minus 2 weeks (346-374 days).
 - 6 month updates thereafter (18, 24, 30, etc. months)

Rate each element (a-e) 1/MET or 0/NOT MET. If an update is not due, rate the element (b-e) 9/NA. All elements (a-e) must be rated either 1 or 9 for the overall rating to be 1/MET. If any element is rated 0, the overall rating is 0/NOT MET.

**** The intent of the review is to determine compliance with TOPPS requirements during the current Fiscal Year. If the individual receiving services was admitted on or after July 1, 2013, review initial and all subsequent assessments. If the**

individual started services prior to July 1, 2013, the reviewer will determine when updates were due during the current fiscal year and evaluate for compliance.

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4. Reviewer will review the signed confidentiality statement to assure that the following are included:
 - Time limit of no more than one (1) year with reference to the specific information to be released.
 - Specific language that prohibits redisclosure of information.
5. Reviewer will review evidence of release of information outside the organizational structure that would not constitute a violation of the federal confidentiality law.

Note: Communication (either written or verbal) with providers and/or family members should be supported by a signed consent to release information. If the record log does not indicate any release of information, review other documentation (i.e. Case Manager notes, collaboration with other disciplines, etc.) to discover release of information occurrences. Review of one incident is sufficient for MONITORING purposes.

 - Reviewer will review information released to determine if the information included a statement that re-disclosure is prohibited and that information was not shared with an agency for which there was not a signed consent for the release of information.
6. Reviewer will review the service plan, assessments and/or service documentation to determine that the individual received mental health services and one or more of the following services:
 - a. Primary health care
 - b. Social Services
 - c. Educational/vocational services
 - d. Transition services
 - e. Juvenile and criminal justice services
 - f. Substance abuse service